

SONG-BROWN FAMILY PHYSICIAN TRAINING PROGRAM SITE VISIT EVALUATION REVIEW

FAMILY PRACTICE RESIDENCY PROGRAM:

University of California, Davis Family Practice Residency Program

Date of Site Visit: March 19, 2008

Site Review Staff: Melissa Omand, Song-Brown Program Analyst, Terri Smith, Song-Brown Program Analyst, and Yolanda Avalos-Troyer, Song-Brown Support Staff.

Names and Titles of Persons Interviewed: Dr. Thomas Balsbaugh-Residency Program Director, Jane Fox-Garcia-Community Health Program Manager, and Jim Stutz, Chief Administrative Officer for the Department of Family & Community Medicine.

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in italics:

- I. *Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:*
 - A. *Meet the American Medical Association’s “Essentials for Residency Training in Family Practice”, and*
 - B. *Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and*
 - C. *Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or*

For postgraduate osteopathic medical programs in family practice:

- A. *Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and:*
- B. *Be accredited as an “Osteopathic Postdoctoral Training Institution” (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and*
- C. *Meet C requirement above.*

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected: Residency Review Committee accreditation site visit took place in January 2008.

Concerns: Dr. Balsbaugh stated that all citations were addressed and the program is expecting a 3 – 5 year accreditation cycle. Any citations received were citations common to Family Practice Residency Programs. The program has not received notice from the Accreditation Committee for Graduate Medical Education (ACGME) on the outcome of the site visit.

Has a site visit relating to your accreditation been conducted recently, whose results are not yet available? Yes ☒ No ☐

Comments: Site visited in January 2008.

2. Is the residency program operated by a medical school?

Yes ☒ No ☐

If yes, with which medical school? University of California Davis School of Medicine

3. Is the residency program operated by a teaching hospital that is affiliated with a medical school? Yes _____ No _____

If yes, with which medical school? Not applicable

If the residency program is operated by a teaching hospital that has no current affiliation, is one being negotiated?

Yes ☐ No ☐ Not Applicable ☒

If yes, with which medical school? _____

Additional comments relating to compliance with Section I of the Standards (optional)

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

The following questions relate to Section II of the Training Program Standards:

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities?
(Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ If no, provide comments: _____

2. Describe the location of the residency program's principal family health center?

Check which category(ies) apply(ies):

Medically underserved multicultural community ☒

Lower socioeconomic area ☒

Rural area ____

None of the above ____

3. Family health center street address and zipcode:

UC Davis – Family Practice Center (FPC)

4860 Y Street

Sacramento, Ca 95817

On average the residency program sees 35,000 patients per year in the Family Practice Center (FPC), half of those being seen by Family Practice residents. The payor mix of the FPC is as follows: 50% MediCal, 20% MediCare, and 25% at risk, indigent. The patient population of the FPC is as follows: 25% Caucasian, 25% African-American, 20% Hispanic, and 20% Other Asian. The program director indicates that Sacramento has a large Russian population that makes up a large percent of the patient population identified as Caucasian.

For OSHPD staff use – geographic location of family health center:

Census tract: 0017.00 MSSA: 139F

Geographic HPSA# 10699906F5

MUA ID# 07340

4. Are all of the residency program's residents required to spend part of their three years in patient care in that location? Yes ☒ No ☐ The program director states that 75% of the resident's time is spent between the FPC and the UC Davis Medical Center.

Did the site review include a visit to the principal family health center?

Yes ☒ No ☐

5. List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standards (above):

Training Program Street Address and Zipcode:

UC Davis Medical Center

2315 Stockton Boulevard

Sacramento, Ca 95817

For OSHPD staff use – geographic location of training component (other than family health center):

Census tract: 0017.00 MSSA: 139F

Geographic HPSA# 10699906F5

MUA ID# 07340

6. Describe the location of the residency program's training component (other than its principal family health center):

Medically underserved multicultural community

Yes ☒ No ☐

Lower socioeconomic neighborhood

Yes ☒ No ☐

Rural area

Yes ☐ No ☒

7. Check all applicable categories that describe the training component:

Federally Qualified Health Center or Look-alike

Yes ☐ No ☒

Other community health center

Yes ☐ No ☒

Rural health clinic

Yes ☐ No ☒

Government-owned/operated facility

Yes ☐ No ☒

Other (describe): University teaching hospital

Additional comments relating to compliance with Section II of the Standards (optional)

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for

primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.*
- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.*
- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.*

Yes ☒ No ☐

The following questions relate to Section III of the Training Program Standards:

- 1) Does the program have an established procedure to identify, recruit and match family practice residents who possess the following characteristics?

- a) A predisposition to practice in areas of need? Yes ☒ No ☐
- b) Who express a commitment to serve in areas of need? Yes ☒ No ☐

When identifying personal characteristic of applicants that may suggest a predisposition to practice in areas of need the program looks for the following characteristics: Growing up in an area considered to be medically underserved, having a spouse or partner from an underserved area, having a disadvantaged background, speaking a second language or selecting medical school electives in rural/and or underserved areas. The application procedures page taken from the UCD website lets applicants to the program know that the goal of the Family Practice Program is to train high-quality family physicians to meet the health care needs of California, to practice with medically underserved populations, and to be leaders in their medical communities.

- 2) Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

- (a) Mission statement speaks to graduate deployment Yes ☒ No ☐
- (b) Website emphasizes underserved areas, populations Yes ☒ No ☐
- (c) Promotion of mission in interviews of residency applicants Yes ☒ No ☐
- (d) Weighting of underserved goals affecting ranking of residents
Yes ☒ No ☐
- (e) Special emphasis on recruiting residents from areas of unmet need
Yes ☒ No ☐

Faculty attends 3 – 4 recruitment fairs each year promoting the program and its goals.

(f) Developing core faculty with experience in underserved practices

Yes ☒ No ☐

(g) Utilizing community physicians from underserved areas

Yes ☐ No ☒

No longer due to GME reimbursement issues, however they do have former graduates of the program who like to come back and precept to current residents.

(h) Offering preceptorships, clerkships to medical, pre-med students

Yes ☒ No ☐

Clerkships are offered to medical students, one such clerkship is titled Primary Care Clinics. The clerkship takes place at the Clinica Tepati and the Imani Clinic, both located in Sacramento. Clinica Tepati is located at 1500 C Street and has a large latino population. The Imani Clinic is student run and located in Oak Park at 3415 Martin Luther King Jr. Blvd.

(i) Formally promoting medical careers in high schools, colleges

Yes ☒ No ☐

The UC Medical Center is the major financial supporter of the School of Math, Engineering & Science at Sacramento High School. Family Practice residents helped to develop the health courses taught at the school, as well as run a health clinic on the campus and cover the school's sports games.

3) Does the program have an established counseling and placement program designed to encourage training program graduates to enter practice in areas of need?

Yes ☒ No ☐

Each resident is assigned to a faculty advisor who meets with them quarterly to review their progress in the residency program as well as advise them on future practice options. When posting job announcements and recruitment flyers the program makes a point of copying and distributing ones that offer loan repayment or forgiveness for practicing in an underserved area. In 2006 Dr. John Chuck, M.D. a 1989 alumnus of the UCDMC Family Practice Residency Program received a Humanitarian Award for outstanding contributions to the community through distinguished public service. Dr. Chuck has been a preceptor for the residency program since 1990.

4) Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 5 categories)

a) Faculty advisors/hospital management promote practice opportunities

Yes ☒ No ☐

b) Supplementary assistance to graduate, family to locate in area

Yes ☐ No ☒

c) Coordination with NHSC federal/state loan repayment programs

Yes ☒ No ☐

When posting job announcements and recruitment flyers the program makes a point of copying and distributing ones that offer loan repayment or forgiveness for practicing in an underserved area. They also help residents fill out any necessary paperwork. The program keeps a database of past graduates and contacts them when job opportunities come up that they know would be of interest to a particular graduate.

- d) Coordination with community physicians in recruiting residents

Yes ☒ No ☐

The program host lunches where community physicians speak to the residents about their experiences working in underserved communities as well as hosting fairs on an annual basis; these fairs allow community clinics and others seeking practitioners to speak with residents.

- e) A program for the placement of family physicians in underserved areas

Yes ☒ No ☐

Additional comments relating to compliance with Section III of the Standards (optional)

The following are general questions relating to the administration of the Song-Brown program:

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.

- a) The applications for Song-Brown funds: Yes ☐ No ☒

- b) The oral presentations to the Commission: Yes ☒ No ☐

The program director states he is unsure of the role of the presentation in the funding decisions made by the California Healthcare Workforce Policy Commission. Does the presentation change the funding outcomes?

- c) The contract process: Yes ☐ No ☒

- d) The invoice process: Yes ☐ No ☒

2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?

The program director states that while he appreciates that the Song-Brown Program is numbers driven (numbers of graduates working in underserved areas/numbers of training sites in areas of unmet need/numbers of Underrepresented Minorities trained) he states that a large part of his time is spent getting medical students interested in Family Medicine and that without interested students there would be no Family Practice Residency Programs. He is interested in knowing if Song-Brown can find a way to help with family medicine advocacy. He stated that he would be willing to take less capitation funds for the training of his residents if he could use that money for recruitment efforts.

Dr. Balsbaugh also states that one of the largest challenges facing medical students is their educational debt and until more loan forgiveness type programs are developed or until the medical reimbursements received by Family Practice Physicians are raised then we may continue to see declining interest in Family Practice.

Based on the minimum standards requirement the UC Davis Family Practice Residency Program meets the Standards of the Song-Brown Family Physician Training Program.